

Best Available Copy

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

|                 | AS FILED |      | AFTER<br>1st AMENDMENT |      | AFTER<br>2nd AMENDMENT |      |  | * |  | * |  |  |
|-----------------|----------|------|------------------------|------|------------------------|------|--|---|--|---|--|--|
|                 | IND.     | DEP. | IND.                   | DEP. | IND.                   | DEP. |  |   |  |   |  |  |
| 1               |          |      |                        |      |                        |      |  |   |  |   |  |  |
| 2               |          |      |                        |      |                        |      |  |   |  |   |  |  |
| 3               |          |      |                        |      |                        |      |  |   |  |   |  |  |
| 4               |          |      |                        |      |                        |      |  |   |  |   |  |  |
| 5               |          |      |                        |      |                        |      |  |   |  |   |  |  |
| 6               |          |      |                        |      |                        |      |  |   |  |   |  |  |
| 7               |          |      |                        |      |                        |      |  |   |  |   |  |  |
| 8               |          |      |                        |      |                        |      |  |   |  |   |  |  |
| 9               |          |      |                        |      |                        |      |  |   |  |   |  |  |
| 10              |          |      |                        |      |                        |      |  |   |  |   |  |  |
| 11              |          |      |                        |      |                        |      |  |   |  |   |  |  |
| 12              |          |      |                        |      |                        |      |  |   |  |   |  |  |
| 13              |          |      |                        |      |                        |      |  |   |  |   |  |  |
| 14              |          |      |                        |      |                        |      |  |   |  |   |  |  |
| 15              |          |      |                        |      |                        |      |  |   |  |   |  |  |
| 16              |          |      |                        |      |                        |      |  |   |  |   |  |  |
| 17              |          |      |                        |      |                        |      |  |   |  |   |  |  |
| 18              |          |      |                        |      |                        |      |  |   |  |   |  |  |
| 19              |          |      |                        |      |                        |      |  |   |  |   |  |  |
| 20              |          |      |                        |      |                        |      |  |   |  |   |  |  |
| 21              |          |      |                        |      |                        |      |  |   |  |   |  |  |
| 22              |          |      |                        |      |                        |      |  |   |  |   |  |  |
| 23              |          |      |                        |      |                        |      |  |   |  |   |  |  |
| 24              |          |      |                        |      |                        |      |  |   |  |   |  |  |
| 25              |          |      |                        |      |                        |      |  |   |  |   |  |  |
| 26              |          |      |                        |      |                        |      |  |   |  |   |  |  |
| 27              |          |      |                        |      |                        |      |  |   |  |   |  |  |
| 28              |          |      |                        |      |                        |      |  |   |  |   |  |  |
| 29              |          |      |                        |      |                        |      |  |   |  |   |  |  |
| 30              |          |      |                        |      |                        |      |  |   |  |   |  |  |
| 31              |          |      |                        |      |                        |      |  |   |  |   |  |  |
| 32              |          |      |                        |      |                        |      |  |   |  |   |  |  |
| 33              |          |      |                        |      |                        |      |  |   |  |   |  |  |
| 34              |          |      |                        |      |                        |      |  |   |  |   |  |  |
| 35              |          |      |                        |      |                        |      |  |   |  |   |  |  |
| 36              |          |      |                        |      |                        |      |  |   |  |   |  |  |
| 37              |          |      |                        |      |                        |      |  |   |  |   |  |  |
| 38              |          |      |                        |      |                        |      |  |   |  |   |  |  |
| 39              |          |      |                        |      |                        |      |  |   |  |   |  |  |
| 40              |          |      |                        |      |                        |      |  |   |  |   |  |  |
| 41              |          |      |                        |      |                        |      |  |   |  |   |  |  |
| 42              |          |      |                        |      |                        |      |  |   |  |   |  |  |
| 43              |          |      |                        |      |                        |      |  |   |  |   |  |  |
| 44              |          |      |                        |      |                        |      |  |   |  |   |  |  |
| 45              |          |      |                        |      |                        |      |  |   |  |   |  |  |
| 46              |          |      |                        |      |                        |      |  |   |  |   |  |  |
| 47              |          |      |                        |      |                        |      |  |   |  |   |  |  |
| 48              |          |      |                        |      |                        |      |  |   |  |   |  |  |
| 49              |          |      |                        |      |                        |      |  |   |  |   |  |  |
| 50              |          |      |                        |      |                        |      |  |   |  |   |  |  |
| TOTAL<br>IND.   |          |      |                        |      |                        |      |  |   |  |   |  |  |
| TOTAL<br>DEP.   |          |      |                        |      |                        |      |  |   |  |   |  |  |
| TOTAL<br>CLAIMS |          |      |                        |      |                        |      |  |   |  |   |  |  |